



## Council Report

To: The Honorable Mayor and City Council

From: Michael A. Etienne, Esquire, City Clerk

Date: January 24, 2012

**RE: ST JAMES CATHOLIC CHURCH CARNIVAL – SPECIAL PERMIT REQUIRED**

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### **RECOMMENDATION**

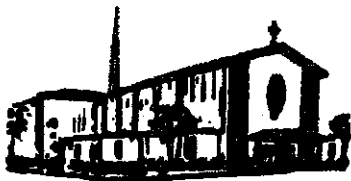
The City Clerk recommends approval and asks that the City Council consider the approval of the attached request for the St. James Catholic Church annual carnival to be held on February 16, 17, 18 and 19, of 2012.

### **ADDITIONAL INFORMATION**

Application is in good order pursuant to Chapter 11, Code of Ordinances, City of North Miami.

### **ATTACHMENTS**

- 1) Letter of Request
- 2) Application for carnival permit and site plan
- 3) Certificate of Insurance



## *St. James Catholic Church*

540 N.W. 132ND STREET • MIAMI, FLORIDA 33168  
TEL. (305) 681-7428 • FAX (305) 685-0631



January 11, 2012

Mr Stephen E. Johnson  
City Manager  
776 NE 125<sup>th</sup> Street  
North Miami, Fl 33161

Dear Mr. Johnson,

The annual festival for St. James Catholic Church is scheduled for February 16, 17, 18, 19, 2012. We are therefore requesting to be on the agenda to appear before the City Council at the next available date.

We will hold the festival on Church grounds and will consist of rides; provided by Florida Special Events, food booths, games and Arts and Crafts. The entire proceeds will be used for Church and School projects.

Thanking you in advanced for your permission to appear before City Council.

Sincerely Yours,

  
Rev. Msgr Jean Pierre  
Pastor

CITY OF NORTH MIAMI  
APPLICATION FOR CARNIVAL PERMIT  
776 N.E. 125 STREET

1. Date: JANUARY 11, 2012  
2. Organization Name: ST JAMES CATHOLIC CHURCH  
3. Organization Address: 540 NW 132<sup>ND</sup> STREET - N. MIAMI FL 33168  
4. Organization Phone No.: 305 681 7428  
5. Name and Address of Applicant or Officers:

NAME	TITLE	ADDRESS CITY/ZIP	PHONE NO.
<u>MSGR JEAN PIERRE</u>	<u>PASTOR</u>	<u>540 NW 132<sup>ND</sup> STREET</u>	<u>786-417-9594</u>
<u>REV. HECTOR PEREZ</u>	<u>ASST. PASTOR</u>	<u>540 NW 132<sup>ND</sup> STREET</u>	<u>305 681 7428</u>

6. Name and Address of Person or Persons who will manage, control or direct the carnival to be transacted in the City of North Miami:

GENE BOYLAN - FLORIDA SPECIAL EVENTS 757 HWY 98 E DESTIN - FL  
REV. MSGR JEAN PIERRE - 540 NW 132<sup>ND</sup> ST. - N. MIAMI FL

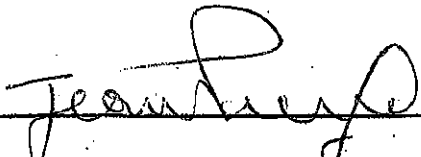
7. Scope of Carnival: THE CARNIVAL IS HELD TO RAISE FUNDS FOR THE SCHOOL FACILITY AND OTHER CHURCH PURPOSES. IT ALSO SERVES AS AN ANNUAL GATHERING FOR PARISH MEMBERS AND THE PEOPLE WITHIN THE COMMUNITY AREA.

8. Dates of Carnival: FEB 16, 17, 18, 19, 2012  
9. Hours of Carnival: THURS. 6-10PM, FRIDAY 6-11PM, SAT. 3-11PM, SUNDAY 1-10PM

9. Letter of Request: YES  
10. Site Plan: YES  
11. Insurance Obtained: YES

ST JAMES CATHOLIC CHURCH

BUSINESS NAME

  
APPLICANT OR AUTHORIZED AGENT

ATT: ELIZABETH 305 685-0631

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
1-10-12

## PRODUCER

203-931-7095

Specialty Insurance, LTD-Tom Plouffe

P.O. Box 16901

West Haven, CT 06516

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A RIVERPORT INSURANCE CORPORATION

COMPANY B COMMERCE &amp; INDUSTRY INSURANCE CO

COMPANY C

COMPANY D

## INSURED

Florida Special Events

881-3 Highway 98E # 235

Destin, FL 32541

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SO132098-00	10-18-11	10-18-12	GENERAL AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG \$ 5,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 300,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY	SO132098-00	10-18-11	10-18-12	COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
B	EXCESS LIABILITY	4628144TP	10-18-11	10-11-12	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
	Follow Form Excess Coverage				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUS: <input type="checkbox"/> TONY LIMITS <input type="checkbox"/> OTH-ER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				
	Interest: Sponsor				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Additional insureds: St. James Catholic Church, N. Miami, FL, &amp; City of N. Miami FL.

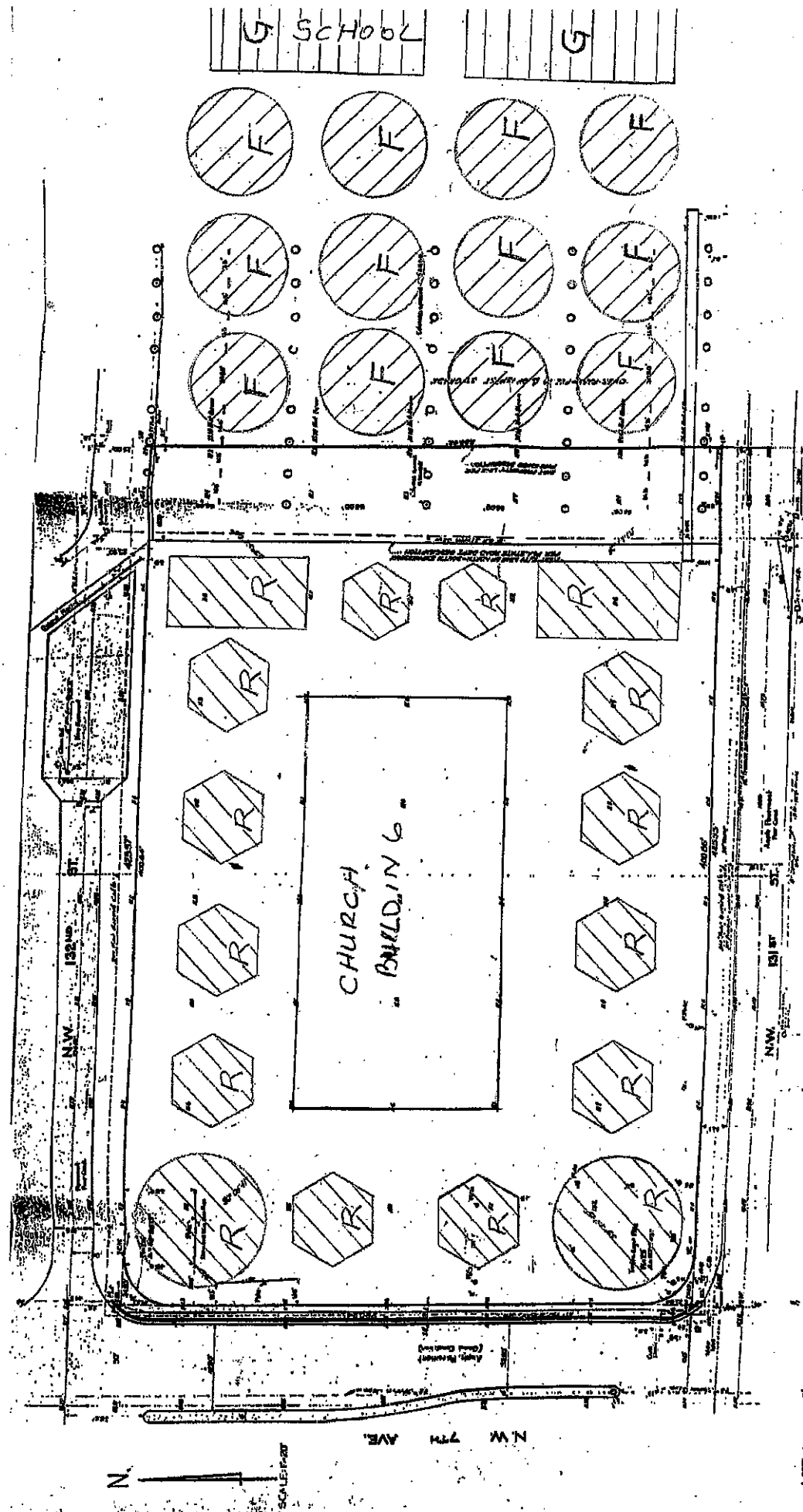
## CERTIFICATE HOLDER

City of North Miami  
776 NE 125th St,  
N. Miami, FL 33161

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES, AUTHORIZED REPRESENTATIVE

Thomas A. Plouffe



# **SURVEY**

OF A PORTION OF TRACT IN THE AMENDED PLAT  
OF PORTIONS OF NILEAH AND NILEAH ACCORDING TO  
PLAT BOOK 49 PAGE 18 OF THE PUBLIC RECORDS OF DADE  
COUNTY, FLORIDA

I hereby certify that the annexed map  
represents a true and correct survey.

1/31/55 J. T. Gault

J. T. Gault  
Registered Professional Engineer No. 4646

NOTE: See volume 100 to N.E. 1/4 Sec. 16 S. 16 E. 1/4 T. 16 S. 16 E. 1/4 R. 16 S. 16 E. 1/4